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CONFIRMATION NO. 9776

SERIAL NUMBER 10/662,696	FILING OR 371(c) DATE 09/15/2003 RULE	CLASS 600	GROUP ART UNIT 3736	ATTORNEY DOCKET NO. GLAUKO.034A
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/410,646 09/14/2002 and claims benefit of 60/432,861 12/12/2002
and claims benefit of 60/438,372 01/07/2003

MA

** FOREIGN APPLICATIONS *****

None

MA

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
12/08/2003

** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 19	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>MA</u> Initials <u>10/19/06</u>				

ADDRESS

20995

TITLE

Targeted stent placement and multi-stent therapy

FILING FEE RECEIVED 440	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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